PAGE 1/9 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Rhode Island Democratic State Committee P.O. Box 6004 ADDRESS (number and street) (Check if address is changed) Providence 02940 RΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS sdella1547@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00136200 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Beretta-Perik, Elizabeth, , , Type or Print Name of Treasurer Beretta-Perik, Elizabeth, , , [Electronically Filed] 10 19 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

0	Office		For further information contact:
lι	Use		Federal Election Commission
c	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate	information below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	gn committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an author	prized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a STA (National, State or subordinate) committee of the	DEM (Democratic, Republican, etc.) Party
	,,
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization)	tion on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stor	ck Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
H	on line 6 )
In addition, this committee is a Leadership PAC. (Identify sponsor	
(g) This committee is an independent expenditure-only political committee (Sup-	er PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contri	ibution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disbur committees/organizations, at least one of which is an authorized committee	·
(j) This committee collects contributions, pays fundraising expenses and disbur committees/organizations, none of which is an authorized committee of a fe	·
Committees Participating in Joint Fundraiser	
1.	С
	C

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
	Vrite or Type Committee Name	<u></u>	i aye 🗸
		Democratic State Committee	
6.		rganization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
	Mailing Address	434 Fayetteville Street Suite 2020	
		Raleigh	27601
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repre	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the po	erson in possession of committee
	Della Rosa	, Susann, , ,	
	Full Name		
	Mailing Address	60 Don Avenue	
		Rumford	02916
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Custodian	Telephone number	401 - 438 - 2373
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
	Full Name Beretta-Per of Treasurer	rik, Elizabeth, , ,	
	Mailing Address	10 High Street	
		Jamestown	02835
		CITY	710 0005 4
	Title or Position ▼	CITY ▲ STATE	ZIP CODE ▲
			404 070

Telephone number

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position		TE ▲ ZIP CODE ▲
Lile of Position		
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee dexes or maintains funds.	posits funds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	M & T Bank	
Mailing Address	1350 I Street NW Suite 200	
	Washington	C 20005
	CITY ▲ STAT	TE ▲ ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	Branch Banking & Trust (BB&T)	
Mailing Address	434 Fayetteville Street	
	Raleigh	C 27601
	CITY ▲ STAT	TE ▲ ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5 **of** 9\_\_\_

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6.		Organization, Affiliated Committee, Joint Fund nal Committee/Federal State Party A	raising Representative, or Leadership PAC Sponsor
	Mailing Address	430 South Capitol St., S.E.	
		Washington	DC 20003
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee	nt Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	y by name, address (phone number – optional)	
	Mailing Address		
	TITLE OR POSITION	_ CITY ▲	STATE ▲ ZIP CODE ▲
	L	1	Telephone Number
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.  AS Bank  One Citizens Plaza	the committee deposits funds, holds accounts, rents
		The state of the s	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_6\_ **of** \_9\_\_\_

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected Rhode Island Vict	Organization, Affiliated Committee, Joint Fundra	aising Representati	ve, or Leadership PAC Sponsor
	Mailing Address	124 Washington Street		
		Foxboro	MA	02035
	Relationship:	CITY ▲	STATE 4	ZIP CODE 🛦
			Fundraising Represer	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		1	ephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address		he committee depos	its funds, holds accounts, rents
		Washington	CA	20003
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Democratic Grass	sroots Victory Fund		
Mailing Address	430 South Capitol Street SE		
Mailing Address			
	Westerness	D0	20002
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   anks or Other Depositor	cy by name, address (phone number – optional)  CITY   CITY   CITY   Cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional)  CITY   CITY   CITY   Cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.  gamated Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	ilg Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Biden Victory Fur	nd 		
	430 South Capitol Street, SE		
Mailing Address			
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY	STATE A	
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification of Bank, identification in the session of the property of the session of the ses	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraisina Renresentative	or Leadershin PAC Snon
MAGAZINER VIC			., or readership the opon
Mailing Address	ONE PARK ROW, 5TH FLOOR		
	PROVIDENCE	, ,   RI	02903
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, depository, etc.	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, depository, etc.	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	